

Washington State Office of the Insurance Commissioner

www.insurance.wa.gov

PO Box 40257 Olympia WA 98504-0257
5000 Capitol Blvd Tumwater WA 98501

Phone: (360) 725-7144

Individual Licensee Request Form

Fax: (360) 586-2019

Agent/Broker's Name: _____ WA License #: _____

Phone: () _____ Fax: () _____ E-Mail: _____ SSN # xxx-xx-_____
(Required: Last four digits only)

Please select the desired action(s):

1. Letter of Certification --- Letters of Certification are issued to current WA resident individual licensees who are applying for a non-resident license in another state. There is a fee of \$5 per letter. Enclose a self-addressed return envelope to have the letter mailed to an address other than your address of record.

☐ **Please issue certification** of my WA resident insurance license(s). I am applying for a non-resident license in another state.

Number of Letters requested _____ X \$5.00 = \$ _____ Total Amt Due Indicate if Surplus Line Broker ☐

2. Letter of Clearance (No Fee) --- Letters of Clearance are issued to WA resident individual licensees who are moving or who have already moved to another state and are applying for a resident license in their new home state. **Your WA license(s), appointments and/or affiliations will be canceled and all insurance companies and agencies that you represent will be notified.** Enclose a self-addressed return envelope to have the letter mailed to an address other than your address of record.

☐ **Please cancel my license and issue a Letter of Clearance** Indicate if Surplus Line Broker ☐
The licensee is the only party authorized to request cancellation of their license

3. Duplicate License — There is a \$5 per license fee if issued by our office. **There is no charge to print a duplicate license online.** Select the "For Agent/Brokers" section on our website, then choose "Print duplicate license" on the drop-down menu. If you still prefer to have our office issue the duplicate license(s) instead, please indicate below and include the appropriate fee.

☐ **Please issue a duplicate license**

4. Change of Residence Address Only (Please Note: This form cannot be used to change a **business** address)
There is no fee to change a residence address unless you request that our office print a new license. If so, also complete item 3 above and submit the appropriate fee. **There is no charge to change an address and print a new license online;** follow the online instructions that are provided in item 3. If you still prefer to have our office change your address, please indicate below.

From: _____ To: _____

5. Name Change--\$5.00 fee. Documentation such as a Marriage Certificate or Court Order must be attached.

From: _____ To: _____

6. Adding an Assumed Name (DBA)-- Sole Proprietor Only--\$5.00 fee. The DBA must be registered as a trade name with the WA Dept of Licensing. Please call (360) 664-1400 or visit www.dol.wa.gov for more information.

"Doing Business As" Name _____

Signature of Requestor _____

Date _____

Items 2, 3 & 5 **require** the Licensee's signature. Checks should be made payable to: **Washington Insurance Commissioner. Credit Card payment is accepted with a completed Credit Card Authorization form.**